

**APPLICATION FOR
Gulf Opportunity Zone Act 2005
Advance Refunding Bonds**

State Office Completes

- (1) Name, address, phone number, and email of Applicant (Issuer):

Approved

\$ _____
Allocation Amount

- (2) Name and address of Bond Counsel:

Allocation Expires

Assigned Number

- (3) Requested allocation from the Gulf Opportunity Zone Act for advance refunding: \$ _____

- (4) Date of issuance of bonds to be refunded _____.

- (5) Description of project(s) funded by the bonds to be refunded: _____

- (6) ISSUER CERTIFICATION: On behalf of _____
_____, I hereby certify that the information contained in this application is,
to the best of my knowledge, in all parts true and correct.

Signed: _____ Title: _____

Date: _____

- (7) Opinion of Bond Counsel: I have reviewed the above application and I am of the opinion, based on the information provided to me, that the above described bonds to be refunded qualify for advance refunding under the Gulf Opportunity Zone Act of 2005 and the Issuer is qualified under the act to issue advance refunding bonds to refund the bonds described in the above application.

Signed: _____ Firm: _____ Date: _____

Please provide a contact person, their telephone number and e-mail address.

Return form to: Department of Finance

Attn: Pat Haigler

c/o Debt Management Division

100 North Union Street, Room 224

Montgomery, AL 36130

Phone: (334) 353-3328